

2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N08117

FILED
Apr 29, 2009
Secretary of State

Entity Name: MIRROR LAKE HOMEOWNERS INC.

Current Principal Place of Business:

1012 OAK LANE
APOPKA, FL 32703 US

New Principal Place of Business:

Current Mailing Address:

1012 OAK LANE
APOPKA, FL 32703 US

New Mailing Address:

FEI Number: 59-2347838 FEI Number Applied For () FEI Number Not Applicable () Certificate of Status Desired ()

Name and Address of Current Registered Agent:

DEVIESE, LORENE
1012 OAK LANE
APOPKA, FL 32703 US

Name and Address of New Registered Agent:

The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida.

SIGNATURE: _____

Electronic Signature of Registered Agent

_____ Date

OFFICERS AND DIRECTORS:

Title: PD () Delete
Name: DEVIESE, LORENE
Address: 1012 OAK LANE
City-St-Zip: APOPKA, FL

Title: TD () Delete
Name: DUFFY DOBORAH
Address: 3619 LAKE SHORE DRIVE
City-St-Zip: APOPKA, FL

Title: SD () Delete
Name: SHAFFER, CINDI
Address: 3615 LAKEVIEW DRIVE
City-St-Zip: APOPKA, FL

Title: D () Delete
Name: SOLER, CARLOS
Address: 3622 LAKEVIEW DRIVE
City-St-Zip: APOPKA, FL 32073

Title: D () Delete
Name: ERHARD, JOHN
Address: 3620 LAKE SHORE DRIVE
City-St-Zip: APOPKA, FL

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Chapter 119, Florida Statutes. I further certify that the information indicated on this report or supplemental report is true and accurate and that my electronic signature shall have the same legal effect as if made under oath; that I am an officer or director of the corporation or the receiver or trustee empowered to execute this report as required by Chapter 617, Florida Statutes; and that my name appears above, or on an attachment with an address, with all other like empowered.

SIGNATURE: LORENE DEVIESE

P

04/29/2009

Electronic Signature of Signing Officer or Director

_____ Date